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Bib Data Sheet

CONFIRMATION NO. 2834

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/825,572 | <b>FILING DATE</b><br>04/03/2001<br><b>RULE</b> | <b>CLASS</b><br>435 | <b>GROUP ART UNIT</b><br>1645 | <b>ATTORNEY DOCKET NO.</b><br>0575/64075/JPW/BJA |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

Norman Latov, Irvington, NY;  
Armin Alaedini, New York, NY;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 05/09/2001

|   |                               |                            |                           |                                |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWING</b><br>6 | <b>TOTAL CLAIMS</b><br>26 | <b>INDEPENDENT CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature: <u>C. Ch.</u> Initials: <u>u</u>   |                               |                            |                           |                                |

**ADDRESS**

Cooper & Dunham LLP  
1185 Avenue of the Americas  
New York, NY 10036

**TITLE**

Surface plasmon resonance biosensor for measurement of anti-glycolipid antibody levels in neuropathy

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>618 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                   |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                   |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                   |   | <input type="checkbox"/> Other _____                           |
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